								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2000									09.	15	425	3.	
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN		
TO	TAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column 1) (C			(Column 2)				OR 1	SMALL	:	
						RA		FEE		RATE	FEE		
FOR			NUMBER	FILED	NUMB	BASIC	FEE	355.00	OR	BASIC FEE	· 710.00		
TOTAL CHARGEABLE CLAIMS			g mir	us 20=	* (	X\$	9=		OR	X\$18=	`		
┝	EPENDENT CL	<u> </u>		nus 3 =		X40=		ÖR	X80=				
MULTIPLE DEPENDENT CLAIM PRESENT							+13	5-		1	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2										OR		2	
								AL		OR		71000	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								\LL:	ENTITY	OR	OTHER SMALL I		
A		CLAIMS REMAINING		HIGH	EST				ADDI-	]		ADDI-	
		AFTER		PREVIO	DUSLY	PRESENT EXTRA	RA	Έ	TIONAL		RATE	TIONAL	
AMENDMENT	Total	AMENDMENT	Minus	PAID **	FOR		\		FEE		V/04.0	FEE	
E	Independent	•	Minus	***		=	X\$ :	9=		OR	X\$18=		
AM		NTATION OF MU			CLAIM		X40	)=		OR	X80=		
				CHOCH	OLJ (IIVI		+13	5=	·	OR	+270=	,	
								TAL			TOTAL	-	
	(Column 1) (Column 2) (Column 3)							FEE	<u> </u>	OR ADDIT. FEE			
NTB		CLAIMS REMAINING		HIGH	EST			-	ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Έ	TIONAL		RATE	TIONAL	
DMENT	Total	*	Minus	**	FUR	_	VA.		FEE		V#46	FEE	
AMENI	Independent	*	Minus	***		=	X\$ 9	<del>]</del> =		OR	X\$18=		
¥	<u> </u>	L NTATION OF MU	1		CLAIM		X40	)=		OR	X80=		
_	·			<del></del>			+13	5=		OR	+270=		
								TAL		OR	TOTAL		
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	ree			ADDIT. FEE		
o		CLAIMS REMAINING		HIGH NUM	EST				ADDI-	1		ADDI-	
AMENDMENT C		AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA	RAT	Ε	TIONAL		RATE	TIONAL	
N N	Total	*	Minus	**	run	=	\		FEE		·	FEE	
EN	Independent	*	Minus	***		=	X\$ 9	)=		OR	X\$18=		
AN	· · · · · · · · · · · · · · · · · · ·	NTATION OF MU			CLAIM		X40	=_		OR	X80=		
_							+135	; <u> </u>		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										ı	TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE													
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

									Application or Docket Number					
	PATENT	RD		09 754253										
CLAIMS AS FILED - PART I (Calumn 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS							RATE	FEE	1	RATE	FEE		
FC	В		NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E 375.00	OR	BASIC FEE	750.00		
то	TAL CHARGE	ABLE CLAIMS	minus 20=		•		ΙГ	X\$ 9=		OR	X\$18=			
INC	EPENDENT C	LAIMS	minus 3 =					X42=		OR	X84=			
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT	ESENT			1 +140=				+280=			
* If th difference in column 1 is less than zero, enter "0" in column 2										OR				
CLAIMS AS AMENDED - PART II							TOTAL OR TOTAL OTHER THAN							
						(Column 3)	i m	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	*	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	• <b>8</b>	Minus	** 2	0	= /		X\$ 9=		OR	X\$18=			
AME	Independent	<u> </u>	Minus	444	ع	1		X42=		OR	X84=			
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		1	+140=		OR	+280=			
								TOTAL		OB	TOTAL	anni San Vergio e		
	(Column 1) (Column 2) (Column 3					ĄU	DIT. FEE			ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	•	Minus	**				X\$ 9=		OR	X\$18=			
AME	Independent	• 1	Minus					X42=		OR	X84=			
	FIRST PRESENTATION OF MU		ILIPLE DEPENDENT (		CLAIM	XAIM		+140=	7	OR	+280=			
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE			
	(Column 1) (Column 2) CLAIMS HIGHEST					(Column 3)	۱							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,		
AME	Independent	•	Minus	4##		=		X42=		OR	X84≃			
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	140-			+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	=UBS+					
abilitine "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE														
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														